

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046694

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 423

Primary Registration District No. 4232

Registrar's No. 79

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6460
8460

3
4 0
5 1
6
7 1
8 2
94221
10
11
12 70-0
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Willow Springs

Length of stay in lb
22 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 604 Center St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell

c. CITY OR TOWN Willow Springs Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
604 Center St. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
(Type or print) Harry Adam Blair

4. DATE OF DEATH Month Day Year
December 9, 1962

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-8-1884

9. AGE (last birthday) 78 years
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY
Carpentry

11. BIRTHPLACE (City and state or country)
Illiapolis, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Harry A. Blair

13b. MOTHER'S MAIDEN NAME
Lucille Dickerson

14. NAME OF HUSBAND OR WIFE
Hettie Brownfield Caton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
7

17. INFORMANT Address
Mrs. H. A. Blair, Willow Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocarditis Chronic

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-18-61 to 12-9-62 and last saw him alive on 12-9-62
Death occurred at 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Harold W. Miller M.D.

22b. ADDRESS Willow Springs, Mo. 22c. DATE SIGNED 12-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE 12-11-1962

23c. NAME OF CEMETERY OR CREMATORY
Howell Memorial Park Cemetery, West Plains, Mo.

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS
Robertson's, West Plains, Mo.

25. DATE RECD. BY LOCAL REG.
12/31/62

26. REGISTRAR'S SIGNATURE
Bargi Boss

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Miller

WOLF
WOLF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed AA Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.